S. No. 2
M—9-4-41
5-17-39
P I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42

Registration District No. 10 — Primary Registration District No. 3002 — Registrar's No. 57

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 902 So Trinity St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 902 So Trinity St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George F. Bell
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Mae Bell
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug. (Month) 4 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace Callaway Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business None
MOTHER FATHER
12. Name Square Bell
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Elvira Bell
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Oscar Bell (Son)
(b) Address 902 So. Trinity St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery Mexico Mo
18. (a) Signature of funeral director Jackson-Parker Funeral Home
(b) Address 409 So Walnut St Mexico Mo.
19. (a) 1/19/48 (Date received by local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-6-48 day
year hour 11 minute 15 P M.
21. I hereby certify that I attended the deceased from 10-5 ____, 1947, to 1-6-48, 19____ that I last saw him alive on 1-5, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Pneumonia	
Due to, (b) Hypostatic	
Due to, (c)	
Due to, (d)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. J. Factor (M. D. or other)
Address Mexico, Mo Date signed 1-19-48

(Licensed Embalmer's Statement on Reverse Side)

REGISTRAR'S ... No. 10
... 1-48-14
JAN 14 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~..............................

.............................., Registered Apprentice No..............................,

working under my personal supervision.

Signed Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.